

**A Case Control Etiologic Study of Sarcoidosis**

**Confirmation of Eligibility (Controls)**

ID No.				-				
Form Type	C	O	0	1				

**INSTRUCTION: ABSTRACT QUESTIONS 1 AND 5 FROM PARTICIPANT INFORMATION FORM (FORM 01). IF AT ANY TIME THE RESPONSE TO A QUESTION IS A STOP CONDITION, DO NOT COMPLETE THIS FORM. HOWEVER, THE ATRS FORM 06 SHOULD BE COMPLETED AND THE ATRS CALLED.**

1. **CONTROL'S INITIALS:** \_\_\_\_\_
  
2. **DATE OF TELEPHONE CONTACT:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **f05\_dy**  

Month                      Day                      Year
  
3. **HAS THE CONTROL AGREED TO BE INTERVIEWED**                      Yes                      No **agr\_intv**  

( 1 )                      ( STOP )
  
4. **HAS THE CONTROL AGREED TO BE IN THIS STUDY?**                      ( 1 )                      ( STOP ) **agr\_stdy**
  
5. **CONTROL'S GENDER:**                      ( 1 )                      ( 2 ) **gender**  

Male                      Female
  
6. **What is your age?** \_\_\_\_\_ **age**
  
- A. **CONTROL IS LESS THAN 18 YEARS OLD**                      Yes                      No **lt\_18yrs**  

( STOP )                      ( 2 )
  
7. **Do you consider yourself:**  
**INTERVIEWER READ LIST**

White	( 1 )	<b>race</b>
Black or African American	( 2 )	
Asian/Pacific Islander	( 3 )	
American Indian or Alaska Native	( 4 )	
Other	( 5 )	

Specify: \_\_\_\_\_

8. Are you Hispanic?	Yes ( 1 )	No ( 2 )	<b>hispanic</b>
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9. **DID THE CONTROL MEET ANY OF THE FOLLOWING EXCLUSION CRITERIA. INTERVIEWER ASK EACH QUESTION:**

	Yes	No	
A. Has a doctor told you that you now have active tuberculosis or are you now taking any medication for tuberculosis?	(STOP)	( 2 )	<b>tbrcm</b>
B. Has a doctor ever told you that you have sarcoidosis?	(STOP)	( 2 )	<b>sarcoid</b>
C. Has a doctor ever told you that you have granulomatous hepatitis?	(STOP)	( 2 )	<b>hepat</b>
D. Has a doctor ever told you that you have primary biliary cirrhosis?	(STOP)	( 2 )	<b>pr_bicir</b>
E. Has a doctor ever told you that you have Bell's palsy?	(STOP)	( 2 )	<b>belpals</b>
F. Has a doctor ever told you that you have uveitis?	(STOP)	( 2 )	<b>uveitis</b>
G. Has a doctor ever told you that you have Crohn's disease?	(STOP)	( 2 )	<b>crohndi</b>
H. Has a doctor ever told you that you have erythema nodosum but that he/she does not know the cause?	(STOP)	( 2 )	<b>erytnodo</b>
I. Have you ever had medication for histoplasmosis or other fungal infections of your lungs?	(STOP)	( 2 )	<b>histoplmm</b>
J. Has a doctor ever told you that you have chronic beryllium disease?	(STOP)	( 2 )	<b>berylidi</b>

10. <b>HAVE ANY STOP RESPONSES BEEN CHECKED?</b>	Yes (STOP)	No ( 2 )	<b>stopresp</b>
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**IF YES, CONTROL CANNOT BE ENROLLED. COMPLETE ACCESS FORM 06 AND CALL ATRS.**

**IF NO, CONTROL CAN BE ENROLLED. COMPLETE ACCESS FORM 06 AND CALL ATRS.**

11. **Research Coordinator:**

A. **Signature:** \_\_\_\_\_

B. **ACCESS Staff No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. **Date form completed:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**FORM 05**  
**Confirmation of Eligibility (Controls)**

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I (1)	Form revision
	NEWID	F (5.1)	Patient ID
2	F05_DY	I (4)	Days from enrollment to telephone contact
3	AGR_INTV	I (1)	Control agreed to interview 1=Yes 2=No
4	AGR_STDY	I (1)	Control agreed to be in study 1=Yes 2=No
4	GENDER	I (1)	Gender 1=Male 2=Female
6	AGE	I (2)	Age (Years) 1= <30 2=30-39 3=40-49 4=50-59 5= >=60
6a	LT_18YRS	I (1)	Control is less than 18 1=Yes 2=No
7	RACE	I (1)	Race 1=White 2=Black or African American 3=Asian/Pacific Islander <sup>+</sup> 4=American Indian or Alaska Native <sup>+</sup> 5=Other <sup>+</sup>
8 <sup>+</sup>	HISPANIC	I (1)	Hispanic
9a	TBRM	I (1)	Active TB 1=Yes 2=No
9b	SARCOID	I (1)	Have sarcoidosis 1=Yes 2=No
9c	HEPAT	I (1)	Have granulomatous hepatitis 1=Yes 2=No
9d	PR_BICIR	I (1)	Have cirrhosis 1=Yes 2=No
9e	BELPALS	I (1)	Have Bell's palsy 1=Yes 2=No
9f	UVEITIS	I (1)	Have uveitis 1=Yes 2=No
9g	CROHNDI	I (1)	Have Crohn's disease 1=Yes 2=No

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<sup>+</sup> Deleted for confidentiality

FORM 05  
Confirmation of Eligibility (Controls)  
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9h	ERYTNODO	I (1)	Have erythema nodosum 1=Yes 2=No
9i	HISTOPLM	I (1)	Meds for histoplasmosis 1=Yes 2=No
9j	BERYLDI	I (1)	Had chronic beryllium disease 1=Yes 2=No
10	STOPRESP	I (1)	Any stop responses 1=Yes 2=No